

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Hochman, Rodney, F, Dr., MD**

Mailing Address 1801 Lind Avenue SW, 9016

City  
Renton

State  
WA

Zip Code  
98057-3368

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Providence

Occupation (for Individual)  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 15 / 2022

**Transaction ID : 26442795**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Richardson, Dwayne, , Mr.,**

Mailing Address 819 North First Street

City  
Dennison

State  
OH

Zip Code  
44621-1003

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Trinity Hospital Twin City

Occupation (for Individual)  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 16 / 2022

**Transaction ID : 26442872**

Amount of Each Receipt this Period

350.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**c. Baxter, Greg, , Dr., MD**

Mailing Address One Elliot Way

City  
Manchester

State  
NH

Zip Code  
03103-3502

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Elliot Hospital

Occupation (for Individual)  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 16 / 2022

**Transaction ID : 26442874**

Amount of Each Receipt this Period

350.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

5700.00